

Hospital Newsletter

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Serious Adverse Event Reporting Rule

Based on Governor Daniels' Executive Order 5-10, the Indiana State Department of Health's Hospital Council recommended a set of rules that would require acute care hospitals and ambulatory surgery centers to report twenty-seven (27) serious reportable events to ISDH within fifteen (15) working days. The original executive order can be found at http://www.in.gov/gov/media/eo/EO_05-10_Medical_Error_Reporting.pdf. The proposed rules will be considered at the November 9, 2005 meeting of the Executive Board.

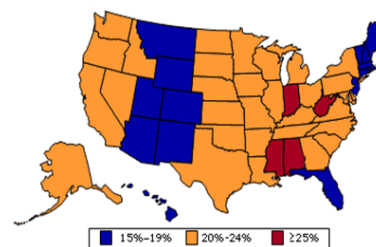
The twenty-seven (27) reportable events are drawn from the National Quality Forum (NQF) 2002 publication that targeted a list of events that should never happen to patients in hospitals. Examples of incidents that are proposed to be reported include wrong-site surgery, retention of foreign objects in a patient after surgery, and death or serious disability associated with medication error. A full list of the twenty-seven reportable events is included in the NQF report posted at

<http://www.ahrq.gov/downloads/pub/advances/vol4/Kizer2.pdf>.

2005 Health Summit: Obesity Prevention

Excess weight increases the likelihood of developing diabetes, heart disease, stroke, and other health problems. The fight against Indiana's obesity problem takes teamwork, so form your team of local leaders now! Your team should represent business, schools, other medical facilities, faith-based organizations and local government. The *IN-Shape Indiana* has an upcoming conference on October 27, 2005 from 8:00 to 4:00 PM in Indianapolis (See flyer in packet). For further information, contact Kathy Weaver at kweaver@isdh.in.gov or 317-233-7451.

Obesity Trends, Adults, 2003



Source: BRFSS, 2003

Inside this issue:

Consumer Reports
Hospital Compare, Drug

2

Construction
License Rules
Federal Letters

3

Pandemic Flu
Hospital Data

4

Bioterrorism
InShape Indiana

5

ISDH Consumer Reports

Since 1999, the Indiana State Department of Health has posted summaries of periodic surveys to licensed health care facilities. Currently, the ISDH updates the individual consumer reports on 981 licensed facilities every two weeks. There is updated information on administrators, services, certification, and survey history on hospitals, home health, hospices, and nursing facilities. In August 2005, there were 4,572 hits on the Consumer Report section of the ISDH Webpages at <http://www.in.gov/isdh/index.htm>

ISDH is now finalizing the next series of new consumer reports on the 122 licensed ambulatory surgery centers (ASC) in Indiana. The new reports will include changes in administrator, services, licensure, Medicare and Medicaid certification, private accreditation, and survey history of each ASC. ISDH staff hopes to post these reports prior to the end of the month.

Expanded Hospital Compare Indicators

On September 1, 2005, the Hospital Quality Alliance and CMS expanded its Hospital Compare Website (<http://www.hospitalcompare.hhs.gov/hospital/home2.asp>) to include two new surgical infection indicators. The indicators include (1) the percent of surgical patients who received preventative antibiotics one hour before incision and (2) percent of surgical patients whose preventative antibiotics are stopped within 24 hours after surgery.



CMS indicated that 600 of the 4,000 hospitals in the United States reported a national average that 69 percent of surgery patients receive preventative antibiotics one hour before incision, and 64 percent of patients stop preventative antibiotics within 24 hours after surgery. CMS strategies for changes in infection prevention can be found at http://www.aha.org/aha/key_issues/qualityalliance/measures/measures.html

CMS also reported that 74 percent of the 98 reporting hospitals in Indiana have provided information on all 18 measures related to the three previously-posted medical conditions of heart attack, heart failure, and pneumonia.

Medicare Prescription Drug Coverage

Your hospital can assist Medicare by reminding Medicare enrollees that the new prescription drug program will begin to accept enrollment on November 15, 2005. Information on the program can be found at <http://www.cms.hhs.gov/medicarereform/pdbma/11162-retireefact-web.pdf>. For more information on the new Medicare prescription drug coverage, encourage clients to visit www.medicare.gov on the web or call 1-800-633-4226.

Health Entity Construction Projects

Based on passage of House Bill 1320, certain hospital and ambulatory surgical center construction projects must conduct a public hearing prior to licensure and forward public notification information from these hearings as part of its Application for Construction Permit for Acute Care Facilities. (State Form 50097). The ISDH Sanitary Engineering Division will need two published public notices, date published, and the name of the publication and indication that the hearings have taken place for any ambulatory surgery center construction project where costs exceed \$3,000,000 or hospital project where costs exceed \$10,000,000. State Form 50097 can be found at <http://www.in.gov/icpr/webfile/formsdiv/50097.pdf>

Birthing and Abortion Center Licensure Rules

Based on passage of Senate Bill 568, the ISDH Executive Board preliminarily adopted two rules related to the licensure of birthing centers and abortion centers. The Indiana Hospital Council preliminarily adopted a new licensure fee schedule. The proposed rules will specify the required services, needed policies, and physical plant requirements for initial licensure and standards for periodic surveys. The proposed rule is posted with the October Indiana Register located at <http://www.in.gov/legislative/register/October-1-2005.html>.

Regulatory News

* CMS has issued a series of program letters to state survey agency directors found at <http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp>. The announcements include:

- ◆ Letter 05-32: Restatement of requirement of physician review of MD/DO outpatient medical records generated by mid-level practitioners in Critical Access Hospitals. The requirement is for a chart review equal to at least 25 percent of such outpatient records, compared to a 100 percent chart review.
- ◆ Letter 05-33: The Life Safety Code was amended to specify standards and allow use of Alcohol-Based Hand-Rubs in licensed health care facilities.
- ◆ Letter 05-35: Effective June 9, 2005, the Medicare fiscal intermediaries have been instructed not to process any new Medicare enrollment applications for specialty hospitals.
- ◆ Letter 05-42: Letter provides notice of revision and clarifications to the Interpretive Guidelines of Medicare Hospital Conditions of Participation, related to (1) physician supervision of patients admitted by midwives, (2) grievance process, (3) emergency laboratory services, and (4) ordering therapeutic diets.

Pandemic Influenza Plan

The Indiana State Department of Health has completed a Pandemic Influenza Plan designed to help the state prepare for and respond to a possible widespread and deadly influenza outbreak.

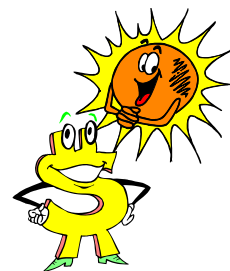
An influenza pandemic is a global outbreak of disease that occurs when a new influenza virus appears or “emerges” in the human population, causes serious illness, and then spreads easily from person to person worldwide. Past pandemics have led to high levels of illness, death, social disruption, and economic loss.

The plan addresses a variety of issues including strategies and policies, planning, coordination and command structure, surveillance and investigation, vaccines and antivirals, containment, communication, and education. The plan also outlines specific roles and responsibilities for organizations that will be involved in the response to a pandemic.

You can see the State Plan at <http://www.in.gov/isdh/pdfs/PandemicInfluenzaPlan.pdf>

Hospital Data Reports

On an annual basis, ISDH requests acute care hospitals submit financial and utilization information to the Acute Care Division. The individual filed reports are posted at the ISDH Website, and frequently requested by many organizations.



Last year, ISDH provided community benefit and uncompensated care information to the U.S. General Accountability Office for their report to Congress. That report was released on May 26, 2005, and titled *Nonprofit, For-Profit, and Government Hospitals: Uncompensated Care and Other Community Benefits*. The report highlighted statistics from California, Florida, Georgia, Indiana and Texas. The report can be found at <http://www.gao.gov/new.items/d05743t.pdf>.

This packet includes a request for financial information for fiscal year 2005, including copies of the audited financial statements, Medicare Cost reports, and Hospital Fiscal Reports. The instructions and address of the web-based data-entry forms is attached.

This packet also includes copies of the filed services and fiscal reports for fiscal year 2004. Your staff is requested to review and revise this information. After incorporating your revisions, the filed reports will be posted at the ISDH Web-site at <http://www.in.gov/isdh/regsvcs/providers/reports.htm>

Hospital Bioterrorism Capacity and Readiness

The Health Resources and Services Administration (HRSA) cooperative agreement under the Bioterrorism Hospital Preparedness Program (HBPP) has been approved for 2005-2006 providing \$9,896,622.00. This represents roughly a 5 percent decrease in funds for distribution to hospitals. As in the past, the money will be distributed based on the hospital's reported Emergency Department visits using 2004 as the base for this year's distribution. The money is to be used by the hospital to prepare infrastructure for handling all-hazard threats from Terrorists and natural disasters.

Contracts will be distributed in October of this year to 143 eligible Acute Care Hospitals and the two Veterans Administration hospitals. There are 16 deliverables for this year. They include more definitive information on hospital bed surge, isolation surge, and health care personnel surge; pharmaceutical caches; personal protective equipment and decontamination, behavioral health training; and Pandemic Influenza planning among others. Of particular importance and stressed by HRSA is planning based on the Community-Wide Hazard Vulnerability analysis. Hospitals will also be required to train appropriate staff in the National Incidence Management System.

INShape Indiana

INShape Indiana is Governor Mitch Daniels' answer to the BRFSS (Behavior Risk Factor Surveillance System) survey on Indiana citizens. It doesn't matter what data you're reading on Hoosiers' health, the information is generally not good. Too many Hoosiers are overweight and/or smoke, and one out of every four Hoosier adults surveyed admits to no regular physical fitness activity. State Health Commissioner, Judith A. Monroe, M.D. is supporting the *INShape Indiana* by promoting the initiative around the state and encouraging communities to organize local programs to get everyone motivated and make the needed lifestyle change.

Insurance actuary data are no surprise to hospital administrators, nor to any savvy business owner. Taxpayers would be alarmed if they knew how much money goes in to Medicaid for people who are the unhealthiest of all. The fact is that health care costs are higher in Indiana than in neighboring states because when people are NOT in shape, they are easy prey to chronic diseases. You and your staff can do a lot to support the Governor's initiative for yourselves, families, coworkers and the patients that you see everyday. Become an active part in this initiative that will reduce health care costs long term, and give a new lease on life for so many. Promote the *INShape Indiana* and log on and lighten up at www.INShape.IN.gov.

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& Procedure Changes

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Hospital Information on ISDH Web Site

<http://www.in.gov/isdh/index.htm>

Under

Consumer Reports & Health Care Regulatory Services

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